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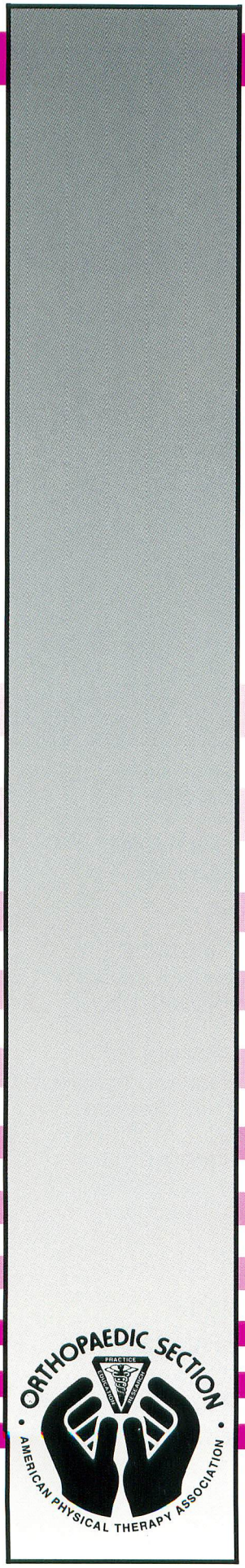
Orthopaedic Physical Therapy Practice



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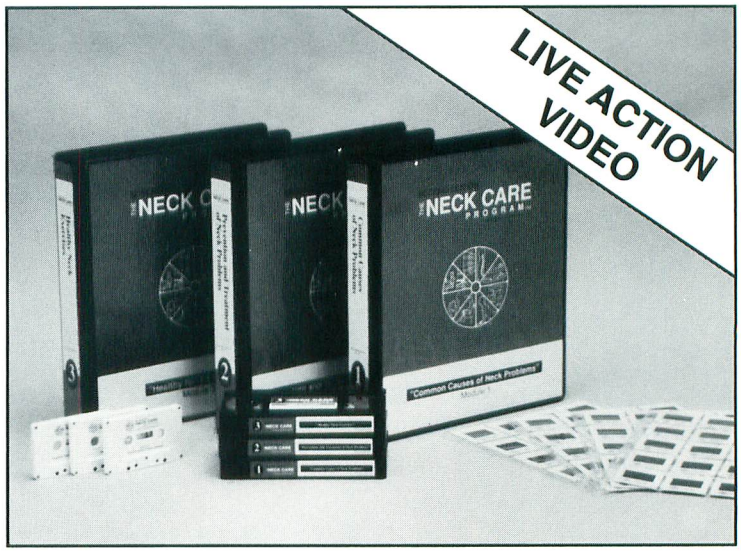

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Editor's Note

ELITISM

As I write this comment, I hear the radio in the other room reporting on the Presidential campaign. Elections serve to remind us of our right to vote and the power of one voice to effect change—the basis of a democratic society. That thought, coupled with an article I recently read[1], made me think about the way the Section works. Ostensibly democratic, it really functions as an elitist organization. I know that the term elitist carries with it a negative connotation,—the idea of "high handedness" that Stanley Paris refers to in his report (found on page 21). But in this case it simply means that the leaders, i.e., the executive committee members and committee chairs, speak for the organization. Obviously, it would be impossible for *all* Section members to have a vote in *all* decisions.

Now before any democratic hackles are raised, let me assure you that elitism does not preclude democracy. It uses democracy as a means to an end. That is to say, that Section members have an opportunity to express their views and vote their leaders into office. They must trust these leaders to hold most, if not all, of the available information on any given subject and make wise decisions.

Let me assure each and every one of you that this is what occurs in the Orthopaedic Section. The Executive Committee and the Committee Chairs go to extraordinary lengths to act on *your* behalf. Surveys about various clinical issues appear in *OP* and in *JOSPT*. The Nominating Committee attempts to cull nominations from across the country. Business meetings are held during the Competency Course because we found that those in attendance do **not** attend CSM or Annual. The Section is offering its support to Special Interest Groups. Every issue before the Executive Committee is addressed with the membership in mind.

Webster offers one definition of *elite* as "the choice part." I invite you to attend CSM—to discover that you have chosen well.

Jonathan M. Cooperman MS, PT

1. *Hyde, Democracy in Collective Bargaining,* 93 Yale L.J. 793, (1984).

PRESIDENT'S REPORT

The Fall Executive Committee Meeting, the first of my term of office, addressed both short term and long term administrative operations.

Short term activities included reviewing and approving the 1993 budget, appointments of new section committee chairs, and APTA office, award and committee nominations. The budget process has been refined by the Finance Committee and has become not only an efficient but an exciting process. The Treasurer's financial report discusses the budget in greater detail. Karen Piegorsch, PT, OCS was appointed as Public Relations Chair and attended her first Executive Committee Meeting with a dynamic strategic plan in hand. Jonathan Cooperman, MS, PT accepted the position as Editor of *Orthopaedic Physical Therapy Practice*. Since Jonathan had a scheduling conflict and was unable to attend the Fall Meeting, he met with Section staff the following week. This meeting enabled Jonathan to develop his new strategic plan for *Orthopaedic Practice*. You will be able to see the impact of this plan in future issues of this section publication. Nominations for Legislative and Awards Committees were discussed and will be finalized in the November Executive Committee Conference Call Meeting. APTA office, award and committee nominations were numerous and appropriately reflect the section's continued impact on the national APTA office and the profession.

A draft form of a 3 year plan and establishment of new long term investment policies constitute the long term planning conducted at this meeting. A major portion of the 3 year plan involves educational programming and activities. We are fortunate to have Nancy White, MS, PT and Lola Rosenbaum, PT, OCS heading this committee. We are equally fortunate to have a growing number of volunteers joining this committee to meet the expanding role. The refined three year plan will be presented at the Business Meeting at the Combined Sections Meeting in San Antonio. The impact of our long term investment plans is also discussed in the Treasurer's financial Report.

In addition to the aforementioned activities, the Executive Committee also heard reports from the Task Forces on Section Reorganization and Work Schedules. The new Section Executive Committee and establishment of a Board of Directors will be discussed at the Combined Sections Meeting and new bylaws to implement these changes will be voted on by the membership in June. Moving the official Business Meeting to Combined Sections rather than scheduling it at Annual Conference as per our bylaws, will also be discussed and voted on in June. The rationale for this re-scheduling is that the business meeting at Combined Sections is far better attended than the meeting at Annual Conference. This task force also looked at re-scheduling the section officer meetings and work sessions to be more efficient. This will permit section officers to attend section educational sessions and interact with members more at CSM and Annual Conference. I will be scheduling quarterly conference calls with the Executive Committee to permit greater officer discussion and decision making without increasing actual meeting time and costs. This will be conducted on a trial basis and will be reviewed at Annual Conference.

Section Committee Chairs are elated by the renewed interest of members to volunteer to work on committees. They are currently organizing their new committees and determining a means of delegating responsibilities. This increase in active members will enable the section to provide more member services.

I hope the holiday season was both healthy and full of joy for you and your family. As the new year begins we tend to think of fresh starts and resolutions. It is my wish that at least one of your 1993 resolutions deals with our activities and time dedicated to furthering our profession, orthopaedic physical therapy. We will all benefit from that resolution.

Z. Annette Iglarsh, P.T., Ph.D.
President

FROM THE SECTION OFFICE

Terri A. Pericak, Executive Director

The officers and committee chairs of the Section met in La Crosse, Wisconsin, October 15-18 for their annual Fall Executive Committee Meeting. This was a very productive and well run meeting. Minutes from this meeting are published in this issue of *Orthopaedic Practice*.

The Section office has recently undergone some reorganization. Nancy Yeske will be leaving us to move to Minneapolis where her husband has taken a new position. Nancy has been with us for two years and has been a real asset to the Section. She has done an excellent job and will be missed very much. Replacing Nancy will be Lisa Pyatt Hoffe who started November 2.

Since hearing of Nancy's leaving the Section, I decided this was a good time to make some changes in position responsibilities. Lisa is our Administrative Assistant whose main duties are listed on page 9. Membership services is now being handled by Sandy LaValley. I believe that this reorganization will increase our efficiency and help all of us to better serve you. Please call us if there is anything we can help you with.

CSM 1993 in San Antonio is just around the corner. The Section Business Meeting will be Saturday, February 6 from 8-10 AM. Some of the issues which will be discussed include: section reorganization, encroachment, 3 year plan, study groups, having only one business meeting per year, and recommended bylaw changes. We look forward to seeing many of you there.

Also, while at CSM, be sure to stop by the Section booth in the registration area to meet the staff, learn more about the activities the Section is involved in and meet and talk with your officers and peers.

MENTORING

By Jody Shapiro Gandy, PhD, PT

MENTORING

The purpose of this article is to develop a more comprehensive understanding of mentoring and the complexities of the mentorship relationship, the benefits and costs of mentoring, the characteristics of mentors and proteges, the relationship of mentoring to physical therapy, and to provide questions for reflection.

What is Mentoring?

There are a myriad of meanings and interpretations attributed to the term "mentor." The Oxford American Dictionary defines the words as a "trusted adviser," and finds its origin in ancient Greek mythology. In Homer's Odyssey, Ulysses' trusted friend, Mentor, protects, nurtures, educates and guides Ulysses' son Telemakhos into adulthood in his absence. One might describe a contemporary mentor as having similar roles.

According to Levinson and associates' (1978) study of 40 mid-life men, the researchers identified the mentor as a developmentally significant transitional figure for men in the novice phase of early adulthood (ages 17-33). The mentor is usually eight to fifteen years older than the protege, is situated in the same work setting, and generally serves for two or three years as a mixture of parent and peer. Levinson summarized the mentoring relationship as "in its most basic form mentoring is simply friendship with someone who is a little more experienced, who acts as a guide in regard to a new career, profession, job, or development state."

Scholars provide varied interpretations and emphases in their definitions of a mentor or mentoring relationship. Merriam (1983, p. 162) describes mentoring as "a powerful emotional interaction between an older and younger person, a relationship in which the older member is trusted, loving and experienced in the guidance of the younger. The mentor helps shape the growth and development of the protege." Darling (1985, p. 42) views mentoring as "a process by which you are guided, taught, and influenced in your life's work in important ways" and a mentor as "a person who leads, guides, and advises a person more junior in experience." Thus, simply stated, mentoring is a process that enables an individual (mentee/protege) to develop personal and professional growth as a result of a special relationship with another individual (mentor) who serves as a guide. The mentor is often more experienced in career development, self-confident, and considered approachable by the mentee. It is significant to note that the focus of the relationship is on the *person* or *protege,* rather than the teaching of specific career skills and procedures that may be considered helpful in the person's career.

The term mentor has often been used synonymously with related terms such as sponsor, role model, and coach. Speizer (1981) uses the term "sponsor" and "mentor" interchangeably to describe individuals who provide career guidance to younger professionals. Bolton (1980, p. 198) sees a "role model" as someone who demonstrates how a job is to be performed and a "mentor" a "personalized" role model who acts as a "guide, a tutor or coach, and a confidant." Reohr (1981), in a discussion of academic support systems, distinguishes between the "mentor" and the "colleague" and elucidates more contrast in terms. The mentor has greater social and intellectual status then the protege, whereas the colleague provides a relationship based on equality.

Each of these related roles has the potential to develop into a mentoring relationship, but the original nature of the relationship differs significantly from mentoring. Mentoring is seen to be far more encompassing than any of these individual roles, yet, at times incorporates these roles as a function of the mentoring relationship. The relationship itself should not be strictly defined in terms of formal roles, but rather in terms of the character of the relationship and the functions it serves. The six functions frequently used to describe the role of a mentor are teacher, sponsor, host and guide, exemplar, and counselor (Levinson, 1978). A mentor facilitates the mentee's dream or the vision s/he has of self through effective implementation of each of these roles. Each of these roles is clarified below:

- Teacher—someone who enhances persons' skills and intellectual development;
- Sponsor—may use his or her influence for the other's entry and advancement;
- Host and Guide—welcomes the initiate into a new occupational and social world, and acquaints him or her with its values, customs, resources, and cast of characters;
- Exemplar—someone whom the mentee can admire and seek to emulate;
- Counselor—provides counsel and moral support in times of stress.

These functions are useful in expanding the notion of mentoring and developing greater understanding of the complexity and magnitude of the relationship entered into by the mentor and mentee.

To foster the attainment of these dreams, the mentor and protege develop questions, engage in the debate of issues and refine perspectives on problems and solutions for the purpose of building communication, decision-making, problem solving, management, and evaluation skills. Given these parameters, mentoring can be viewed as a structured relationship which incorporates a set of behavioral norms, values, and expectations and has among its goals the transfer of knowledge, skills, attitudes, and aspirations. Mentors and proteges who best understand the culture of mentoring and its purpose are able to take advantage of the numerous opportunities afforded by involvement in a mentoring relationship (Robertson, 1992).

What are the benefits of mentoring?

Mentoring provides tangible and intangible benefits to both the mentor and the mentee as part of a dynamic giving relationship. For the mentor, the benefits are often described as "the giving of gifts." Some of these gifts include: developing self-awareness and personal growth; professional development; providing a platform for the exchange of ideas; stimulation of research questions; application and refinement of knowledge and theory; transferable teaching skills; political strategy development; team building approaches; systems strategy development; creativity and nurturance of others; and developing the genesis of long term friendships. For the protege there are numerous opportunities afforded by the

mentoring relationship. Some of these include career development, new knowledge and stronger theoretical foundations, leadership development, development of problem-solving skills; team building approaches; systems awareness; political savvy, and affirmation of current skills. One of the most precious gifts noted by proteges is confidence in self and the ability to succeed at the task. Also valued highly is assistance in making a dream for their lives, professionally and usually personally.

Common to both the mentor and mentee in the relationship is professional development. According to McCormick and Titus (1990), "a mentor helps to create within the newcomer a sense of identity as a member of the profession." On the personal level, professional development means the maturation of each member of the profession along the career development continuum. Professional development, in this sense, is the responsibility of every individual practitioner, manager, educator, and researcher in physical therapy.

In a broader context, professional development also encompasses the development of the profession as a whole. Thus, mentoring relationships facilitate the development of the physical therapy profession as a whole. These relationships provide the opportunity for leaders to distinguish themselves in the profession and within the broader context of health care delivery. Mentoring can enhance the essential skills for physical therapists to impact the broader environment such as state and federal regulatory agencies, public and private funding sources, institutions of higher education, and other associations. By promoting the capabilities and aspirations of individuals within the profession and by fostering the development of physical therapy in the health and wellness systems, mentoring can have a tremendous impact on practice, education, and research communities. Thus, the mentoring process may be seen as crucial to the continued evolution of the physical therapy profession, and its future growth and development into the twenty-first century should be secured.

What are the costs of mentoring?

Not unlike most situations where there are benefits to be found, there will usually be costs involved. The most obvious of these costs in mentoring is the significant time commitment on both parties. Because there is no direct measurable outcome, it is difficult to assess what resources must be allocated to achieve the goals of mentoring. In addition, the total duration of the time commitment is extremely variable ranging from several months to several years. Much depends on the maturity and life experiences of the mentee, the experience of the mentor, the establishment of clear goals and procedures, the frequency of interactions between the mentor/mentee, and the anticipated outcomes.

Other costs are involved in mentoring for the mentor. This process can reduce the time and personal resources the mentor has to give to his or her family, to other professional endeavors, or to personal development. Most challenging and critical for the mentor is to create a balance between personal career development and the attention paid to the development of the mentee. In addition, the mentor must be able to recognize when mentoring has progressed to the realm of meddling or manipulation. If the relationship exceeds its intended purpose and boundaries, the protege may resent the mentor or even find it necessary to break from the mentor precipitously during their professional career growth.

For the protege, mentoring is a significant energy and time commitment. The protege must schedule time to routinely question, reflect, and plan. Often learning promotes change that can be uncomfortable and at times painful for both the teacher and learner. Ultimately, prior to entering a mentoring relationship, both parties must define and weigh the benefits and costs. Only when the benefits to both individuals are perceived to outweigh the costs is it appropriate to enter such a relationship. Robertson (1992) posed questions to be considered when contemplating a mentoring relationship.

- What tangible and intangible rewards do you expect from entering into a mentoring relationship?
- What goals do you have for your personal and professional development that can be addressed by a mentoring relationship?
- What time do you anticipate dedicating to the mentoring relationship?
- How long do you think you need to be involved in the relationship to reach your desired outcome?

Characteristics of Mentors

Mentors demonstrate a variety of characteristics that are both beneficial and attractive to the protege. In a study by Gray and Gray (1985, p. 39) on mentors in research and business, "effective mentors are people oriented and secure who like and trust their proteges. Successful mentors take a personal interest in their proteges careers, share power and expertise, encourage their proteges ideas, and help them gain self-confidence." Clawson (1979) found that good mentors are people-oriented, tolerate ambiguity, prefer abstract concepts, value their company and work, and respect and like their subordinates. Likewise, Alleman (1982) found that successful mentors are confident, secure, flexible, altruistic, warm and caring, sensitive to the proteges needs, and trust their proteges. Thus, mentors are frequently described by a multiplicity of characteristics which are summarized in Table 1.

Characteristic of Proteges

As expected, proteges seem to demonstrate specific traits that are often indicative of their readiness to be involved in the mentor-protege relationship. Some of these characteristics include the potential for success, willingness to learn, capacity for self-disclosure and risk taking, and ambition to name a few. A more comprehensive list of characteristics can be found in Table 1. Interestingly, many of the characteristics found in proteges correlate with what mentors look for in a protege. Intelligence, one of the most frequently mentioned attributes, is essential for the mentee to survive in the organization and provides the basic foundation for the mentor to begin the "molding process." Other attributes cited include ambition; desire and ability to accept power and risk; ability to perform the mentor's job; loyalty and commitment to the organization and mentor; similar perceptions of work and organization; organizational savvy; positive perception of the protege by the organization; and the ability to establish alliances.

Characteristics of the Mentorship Relationship

The key to successful mentoring is the mentor-protege relationship. Gray and Gray (1985) represent the dynamic nature of the mentor-protege relationship as a continuum ranging from where the mentor plays the primary role to a level at which the protege becomes an autonomous self-directed professional. Hence, it is not just the characteristics that the mentor and protege bring to the relationship, but more importantly, the behaviors and interactions that occur between them throughout the process. What mentors do for the protege, and how enthusiastically the protege receives and

Characteristics of Mentors and Proteges	
Characteristics of a Mentor	**Characteristics of a Protege**
Provides a vision, broad view	Has potential to succeed
Willingness to support, counsel	Capacity for self-disclosure
Has access to professional networks	Willing to learn
Has leadership experiences	Confident to try new things
Political awareness	Able to convince others of self-worth
Genuine interest in others	Good communicator
Belief in others' capabilities	Trusting
Responsive openness, available	Ambitious
Competent, authentic	Internal locus of control
Sensitivity	High job investment
Teaching skills	Values relationships
Motivator	Sees relationship between personal and professional growth
Strong moral and ethical fiber	Active learner
Committed to the relationship	Direct, constant, focused
Able to sustain close personal relationship	
Understands others	
Objective	
Clear thinking	
Able to confront and accept	

TABLE 1 Robertson, S.C. (1992). Find a Mentor or Be One. The American Occupational Therapy Association, Inc., USA, p. 5.

responds to the mentor's help, is of much greater concern. Kram found (1980) as the mentor-protege relationship is being cultivated, successful mentors fulfill five career functions (introduce proteges to new opportunities, coach and sponsor them, protect and challenge them), and four psychological functions (role-model, counsel, accept-confirm, and befriend them). Within this model, the mentor functions as a leader, teacher/instructor promoting thinking skills, promoter of realistic values, supervisor, counselor, and foster of indirect mentoring from others. Thus, the mentoring relationship as discussed in this article is complex, multidimensional and perhaps not found as frequently as one would expect.

From a study of 41 teachers claiming to have been mentored in their first year of teaching, Gehrke and Kay (1984) developed eight possible roles of a mentor as teacher, coach, role model, sponsor, protector, door-opener, successful leader, confidant, and developer of talents. These individuals also shared mutual commitments to a common goal and had a comprehensive influence upon the protege's professional and career development. Applying Clawson's (1979) definition of a mentor, only those people fulfilling three or more of these roles were considered as mentors.

Based on this information, one might ask "Who do I believe has served as my mentor(s)?" This questions might be followed by "What did this person(s) do as my mentor?" or "Was I aware that I had entered a mentoring relationship?" Thus, one might wonder whether the perceived mentor really served in the capacity of a mentor, or if a mentoring relationship existed. Perhaps your "mentor" really functioned more like a teacher, role model, or sponsor.

So how does all of this relate to physical therapy? Formal and informal mentoring programs are often associated with primary and secondary school teachers and business. Schmoll's (1982) work on mentoring suggested that organizations cannot prearrange mentor/mentee relationships or expect managers or supervisors to serve as mentors as part of their job responsibilities. Potential mentors need to possess prerequisite characteristics, be compatible in substantive ways, be willing to engage in close relationships by giving of themselves both personally and professionally, and demonstrate mutual respect and admiration. The development of a mentor/mentee relationship depends upon mutual choice and requires a considerable amount of dedicated time together both formally and informally.

Professions such as law, medicine, and business view mentoring as an integral part of the initiation into the profession and a part of ongoing professional development. Physical therapy has begun to examine the development of more formal mentoring programs for physical therapists involved in practice, education, and research to help ensure the growth and future of the profession. The success of developing these programs will be determined by individual mentors and proteges who voluntarily enter into the relationship and the behaviors and characteristics they bring to the relationship. Consideration should be given to structuring the mentoring relationship by the mentor and protege to reduce the potential for excessive time commitments, inappropriate expectations, and overdependence. In addition, a clear purpose and outcome of the relationship, strategies for ensuring accessibility, and determination of an appropriate environment to foster the relationship should be defined. Providing a sense of structure in this way can facilitate a solid foundation for growth in the relationship.

The development of formal mentoring relationships could assist in recruitment and retention efforts in practice, education, and research. These programs could also provide opportunities for enhancing cultural diversity within the profession. Likewise, developing informal and formal mechanisms for mentoring could continue to foster the development of leadership within the profession and outside of the profession. Mentoring relationships can foster innovation and creativity for both the mentor and the protege and can expand horizons in practice, education, and research. Encouraging mentoring relationships in physical therapy may provide yet another strategy to continue to promote professional growth and development.

Questions for Reflection

- Am I ready and willing to be a mentor/protege?
- Do I have the time, resources, knowledge, skills, and behaviors to serve as a mentor/protege?
- What are my areas of strength and weaknesses as a mentor/protege?
- For what role(s) do I feel most comfortable in providing mentoring? (eg. practitioner, educator, researcher, manager)
- What characteristics do I bring to the mentoring relationship?
- Are my personal and professional goals such that I need a mentor?
- What do I expect of the mentoring relationship?

- What are the benefits and costs in becoming a mentor/protege at this time?

REFERENCES

Alleman, E. (1982). "Mentoring relationships in organization; Behavior, personality characteristics, and interpersonal perceptions." Doctoral dissertation, University of Akron.

Bolton, E.B. (1980). "A conceptual analysis of the mentor relationship in the career development of women." *Adult Education, 30,* 195-207.

Clawson, J. (1979). "Superior-subordinate relationships for managerial development." Doctoral dissertation, Harvard Business School.

Darling, L.A.W. (1985, March). "Mentors and mentoring." *The Journal of Nursing Administration, 15,* 42-43.

Gehrke, N., and Kay, R.S. (1984). "The socialization of beginning teachers through mentor-protege relationships." *Journal of Teacher Education, 35,* 21-24.

Gray, W.A., and Gray, M.E. (1985, November). "Synthesis of research on mentoring beginning teachers." *Educational Leadership,* 37-43.

Kram, E.G. (1985). *Mentoring at Work: Developmental Relationships in Organizational Life.* Glenview, IL: Scott, Foresman.

Levinson, D.J., et al. (1978). *The Seasons of a Man's Life.* New York: Alfred A. Knopf, Inc.

McCormick, T.E., and Titus, P. (1990, Spring). Mentoring: Giving minority women tools for advancement. *Mentoring International, 4,* 31-37.

Merriam, S. (Spring 1983). "Mentors and proteges: A critical review of the literature." *Adult Education Quarterly, 33,* 161-173.

Reohr, J.R. (1981). "Mentor and colleague relationships in academia." ERIC Document Reprodutive Service No. ED 215 040.

Robertson, S.C. (1992). *Find a Mentor or Be One.* The American Occuptional Therapy Association, Inc., USA.

Sands, R.G., Parson, L.A., Duane, J. (1991, March/April). "Faculty mentoring faculty in a public university." *Journal of Higher Education, 62,* 174-193.

Schmoll, B.J. (1982). "The making of a mentor/mentee relationship." Proceedings of a paper presented at the Midwest Research to Practice Conference at Northern Illinois University, DeKalb, IL, 129-135.

Speizer, J.J. (1981, Summer). "Role models, mentors, and sponsors: The elusive concepts." *Signs: Journal of Women in Culture and Society, 6,* 692-712.

Jody Shapiro Gandy, PhD, PT is Director of Clinical Education/Education Systems, Division of Research and Education at the American Physical Therapy Association.

Note from the Editor:

Dr. Gandy has provided us with an excellent overview of the mentoring process. Keep her article in mind as you read the following report by Michael Cibulka and Karen Piegorsch. The Section's program was created primarily with the intention of advancing clinical skills. Participants might wish to apply Dr. Gandy's broader concepts of mentoring to their individual situations.

JMC

The next business meeting will be held during CSM in San Antonio, Texas

Saturday
February 6, 1993
8:00 AM-10:00 AM

AGENDA ITEMS INCLUDE:

- *Defense of Practice Rights*
- *What is the Section currently not doing that we should be doing for our members?*
- *Does the membership want a membership directory?*
- *Proposed bylaw changes*
  - *Adding another Director to the Executive Committee*
  - *Changing our annual business meeting to CSM*
- *Relationship and interaction with other disciplines*

Orthopaedic Section Administrative Staff

Terri A. Pericak, Executive Director
Lisa Pyatt Hoffe, Administrative Assistant
Sharon L. Klinski, Publications/Special Projects Coordinator
Sandy LaValley, Membership Services

Contact Terri Pericak for:
- Finance/Administration
- Section Executive Committee

Contact Lisa Pyatt Hoffe for:
- Meeting Services
- Nominations
- Mentorship/Study Group Activities
- Industrial Physical Therapy SIG
- Review for Advanced Orthopaedic Competencies

Contact Sharon Klinski for:
- *Orthopaedic Physical Therapy Practice*
- Publication Content
- Home Study Courses
- Contract proposals for Administrative Services
- Contract proposals for newsletters & journals

Contact Sandy LaValley:
- Membership Services
- Address changes
- Orthopaedic Section membership labels
- Promotional items

OFFICE HOURS
8:00 am—4:30 pm CST

Please leave a message on the answering machine if you cannot call during these hours. We will gladly return the call!

PROFESSIONAL SHARING AT ITS FINEST: THE ORTHOPAEDIC SECTION'S MENTOR PROGRAM

The Mentor Program is a special form of continuing education. The program provides physical therapists with the opportunity to work one-on-one with an accomplished orthopaedic physical therapist. Most haven't had such an opportunity for clinical supervision and feedback since they were entry-level physical therapist students!

The idea for the Mentor Program came from a group of Orthopaedic Section members who were interested in helping orthopaedic physical therapists to advance their clinical skills in areas of special interest. The Mentor Program developed as a way to draw on the vast resource of clinical expertise among practicing clinicians. The Orthopaedic Section's role in the Mentor Program is soley to facilitate networking between mentors and potential mentees.

Mentors are physical therapists who are willing to invite motivated physical therapists in their clinics for intensive, individualized, clinical training. The mentors, some of whom are Board Certified Clinical Specialists, have specific skills in a variety of areas. A mentee can choose a general orthopaedics experience, or can arrange to work with a mentor who specializes in some of the following areas: arthritis, ACL rehabilitation, clinical research, Cyriax approach, extremities, orthotics, industrial physical therapy, isokinetics, manual therapy, osteoporosis, performing arts physical therapy, shoulder, spine, sports, and TMJ.

The Orthopaedic Section maintains a list of therapists who have volunteered to be mentors. An updated list is found on page 11. The current list includes 26 mentors who practice in the following 18 states: CA, CO, CT, FL, GA, HI, MI, MO, MS, NC, NY, OK, OR, PA, RI, TX, UT, and WA.

Therapists who are looking for a way to advance their skills in clinical decision making, and receive individualized feedback on their use of evaluation and treatment techniques, should consider participating in the Mentor Program. To become a mentee, contact the Orthopaedic Section office for details on each mentor. Next, contact the mentor of your choice to make specific arrangements regarding the nature, duration and scheduling of your individualized program. Fees, if any, will be determined by each mentor. Mentees are responsible for travel expenses such as lodging and meals.

If you are interested in sharing your expertise one-on-one with other orthopaedic physical therapists, please consider becoming a mentor. To be listed as a mentor, please call the Orthopaedic Section office or send in the information listed below.

Participation in the Mentor Program can help you develop the advanced clinical skills and proficiency needed for today's orthopaedic clinical practice.

This report was prepared by Mike Cibulka, MSH/PT, OCS and Karen Piegorsch, PT, OCS.

If you are interested in acting as a mentor to fellow Orthopaedic Section members who are interested in obtaining on-site clinical training in your specialty area, please call or send the information listed below to the Orthopaedic Section office.

Orthopaedic Section, APTA, Inc.
Mentorship Program
505 King Street, Suite 103
La Crosse, WI 54601
800-444-3982

The Section will make this information available to all members by publishing a list of mentors and their specialty areas in *Orthopaedic Practice* on an on-going basis.

Please feel free to call the Section office if you would like more information. Our toll free telephone number is 800-444-3982.

ORTHOPAEDIC MENTOR INFORMATION

Name _____ Daytime phone _____

Credentials _____

Address _____

_____

Specialty area(s) _____

_____

Brief Description of Practice _____

_____

Would involve a fee _____ yes (fee negotiable with individual)
_____ no

Interested in ____ long term mentoring (give length of time) _____
____ short term mentoring (give length of time) _____

MENTOR LIST

The following is a list of those members who have expressed an interest in acting as a mentor to fellow Orthopaedic Section members who are interested in obtaining on-site training in a specific specialty area:

John M. Barbis, MA, PT, OCS
Suite 1500
1015 Chestnut Street
Philadelphia, PA 19107
215/592-0240
Specialty: spinal pain, thoracic outlet syndrome

Marvin R. Beck, PT, OCS
1108 East Patterson Street
Kirksville, MO 63501
816/665-4073
Specialty: orthopaedics

Virgil Beck, PT, OCS
620 S. 400 E., Suite 101
St. George, UT 84770
801/628-2855
Specialty: manual therapy, orthopaedics

Anne H. Campbell, PT, OCS
Access Physical Therapy
1406-B Wilson Road
Conroe, TX 77304
409/756-0086
Specialty: spine, shoulder

Russell A. Certo, PT, OCS
1282 Stony Point Grand Island, NY 14072
716/773-4323
Specialty: orthopaedics

Michael T. Cibulka, MHS/PT, OCS
430 Truman Blvd.
Crystal City, MO 63019
314/937-7677
Specialty: orthopaedics, sports, manual therapy

Frank J. Fearon, MS, PT, OCS
The Rehabilitation Institute
743 Spring Street
Gainesville, GA 30501
404/535-3494
Specialty: spinal mobilization, isokinetics

Sean Gallagher, PT
2121 Broadway, Suite 201
New York, NY 10023
212/769-1423
Specialty: performing arts physical therapy

George F. Hamilton, PT, MS, OCS
Department of Physical Therapy
School of Allied Health Sci.
East Carolina University
Greenville, NC 27858
919/757-4445
Specialty: extremity and spinal problems

Ann Porter Hoke, PT, OCS, COMP
1708 SE 74th
Portland, OR 97215
503/775-8062
Specialty: manual therapy, spine

Paul LaStayo, MPT
University of Florida
Department of Orthopaedics
Box J-383
Gainesville, FL 32610
904/392-8945
Specialty: orthopaedic upper extremity, hand therapy

Alan I. Lee, MS, PT, OCS
1221 Kapiolani Blvd, Suite 201
Honolulu, HI 96814
808/526-0108
Specialty: orthopaedics, spine, TMJ, foot/ankle

Merry N. Lester, PT, OCS, CET, CSCS, MTC
1328 S. Humboldt Street
Denver, CO 80210
303/694-8098
Specialty: sports, orthopaedics

Stephen S. Morgenstein, MS, PT, OCS
Midland Physical Therapy Group, Inc.
1500 Oakland Avenue
Cranston, RI 02920-2639
401/463-9240
Specialty: spine, sports

William H. O'Grady, MA, PT, MCT
8011 112th St Ct. E.
Puyallup, WA 98373
206/848-0662
Specialty: manual medicine, industrial rehab

Irene Barlow Rademeyer, PT, OCS
Arthritis Therapy Center
32615 U.S. 19 N., Suite 2
Palm Harbour, FL 34684
813/789-2784
Specialty: manual therapy, spinal & peripheral joint management

Terry L. Randall, MS, PT, OCS, ATC
4833 NE Winfield
Iawton, OK 73507
405/351-0700 Specialty: orthopaedics, sports

Richard Ritter, MA, PT
125 Shoreway Road, Ste. 1500
San Carlos, CA 94070
415/591-9581
Specialty: orthopaedics, spine, sports

Michael D. Rogers, PT, OCS, OMT
1500 45th Avenue, Ste B
Gulfport, MS 39501
601/864-1212
Specialty: orthopaedics, manual therapy, sports

Kathleen DeMolli Shirley, PT, OCS
Arthritis Therapy Center
32615 US 19 N, Suite 2
Palm Harbor, FL 34684
813/789-2784
Specialty: rheumatology, manual therapy

Gary J. Smith, EdD, PT, OCS
Eastern Washington University
Department of Physical Therapy
Mail Stop #4
Cheney, WA 99004
509/458-6435
Specialty: orthopaedics

Kent E. Timm, PhD, PT, OCS, SCS, ATC, FACSM
St. Luke's Sports Medicine
3525 Davenport Avenue
Saginaw, MI 48602-3380
517/771-6677
Specialty: isokinetics, clinical research, spine, sports

Steve Weinberger/Zoe Cain
E 12 5th Ave., Suite 101
Spokane, WA 99202
509/456-6560
Specialty: orthopaedics, orthotics, ACL

Allyn L. Woerman, MMSc, PT
Olympic Sports & Spine Rehabilitation
8011 112th St Ct. E.
Puyallup, WA 98373
206/848-0662
Specialty: manual therapy, musculoskeletal assessment

Michael J. Wooden, MS, PT, OCS
966A Killian Hill Road
Lilburn, GA 30247
404/923-4815
Specialty: orthopaedics, orthotics

Russell Woodman, PT, OCS
Quinnipiac College
Physical Therapy Program
Hamden, CT 06518
281-8684
Specialty: cyriax approach

Members are encouraged to contract directly with their chosen mentor. The Orthopaedic Section provides the above list for informational purposes only as a service to its members. The Section assumes no liability and will not be part of any contract.

ABSTRACT:
A PHYSICAL THERAPY MODEL FOR THE TREATMENT OF LOW BACK PAIN

DeRosa, CP, Porterfield JA. Phys Ther. 1992;72:261-272.

The authors presented a paradigm dealing with activity related low back pain. The "dilemma of diagnosis" was discussed. An emphasis was placed on the need for a biomechanical diagnosis based on the provocation of familiar symptoms. This would minimize the frequent scenario of a patient presenting with multiple previous diagnoses such as "ruptured disk," "pinched nerve," and/or "sacroiliac torsion." Such medical terms may lead the patient to believe that something must be "seriously" wrong, and create poor standardization within the profession. Without standardization therapists will not be able to clearly define the treatment process. A clear definition will allow effective communica- tion with legislators, third party payors and the patient.

A "Physical Therapy Diagnosis Classification System" with seven categories was introduced based on the Quebec Task Force on Spinal Disorders system. The categories are:

1. Back pain without radiation
2. Back pain with referral to extremity, proximally
3. Back pain with referral to extremity, distally
4. Extremity pain greater than back pain
5. Back pain with radiation and neurological signs
6. Postsurgical status (less than 6 months or greater than 6 months)
7. Chronic pain syndrome

Presented second was "Information gained from the Assessment," which would indicate whether the history and physical examination were consistent with an activity related low back injury. The intent of the physical therapy low back evaluation should be to introduce and document the stresses in weight bearing and non-weight bearing that reproduce familiar pain.

Next, the authors presented a "Patient Classification of Activity Related Spinal Disorders." The three categories are:

1. The "acute" patient presents with signs and symptoms proportional to the stresses placed on the tissues during the evaluation. 2. A "reinjury/exacerbation" of previous injury is identified when a patient describes low back pain that is similar to previously experienced pain. 3. A "chronic" pain patient no longer has a pain response relating to the amount of force through the tissues.

The fourth area covered in the article was "the objectives of treatment:"

1. Pain modulation utilizing modalities and medications with the purpose of progressing into the next planned phase of rehabilitation. 2. Controlled forces are generated manually, mechanically or actively to enhance fluid dynamics of the injured area and generate afferent input into the CSN. 3. Neuromuscular performance must be enhanced to optimize the patients ability to absorb forces into the low back. Examples of retraining the neuromuscular system may include using PRE's, Tai Chi, Feldenkrais, dynamic stabilization and work conditioning programs. 4. The next objective of treatment was to teach the patient to self-manage low back pain with biomechanical counseling. Because the evaluation indicated the forces that reproduced the patient's symptoms, the therapist can focus patient education on minimizing the generation of destructive forces.

The final management area was entitled "matching the objectives of treatment to patient classification." An acutely injured patient should be treated for relief of pain and then with techniques to return to early activity. The following classification table will enable the practitioner to fit the treatment to the patient.

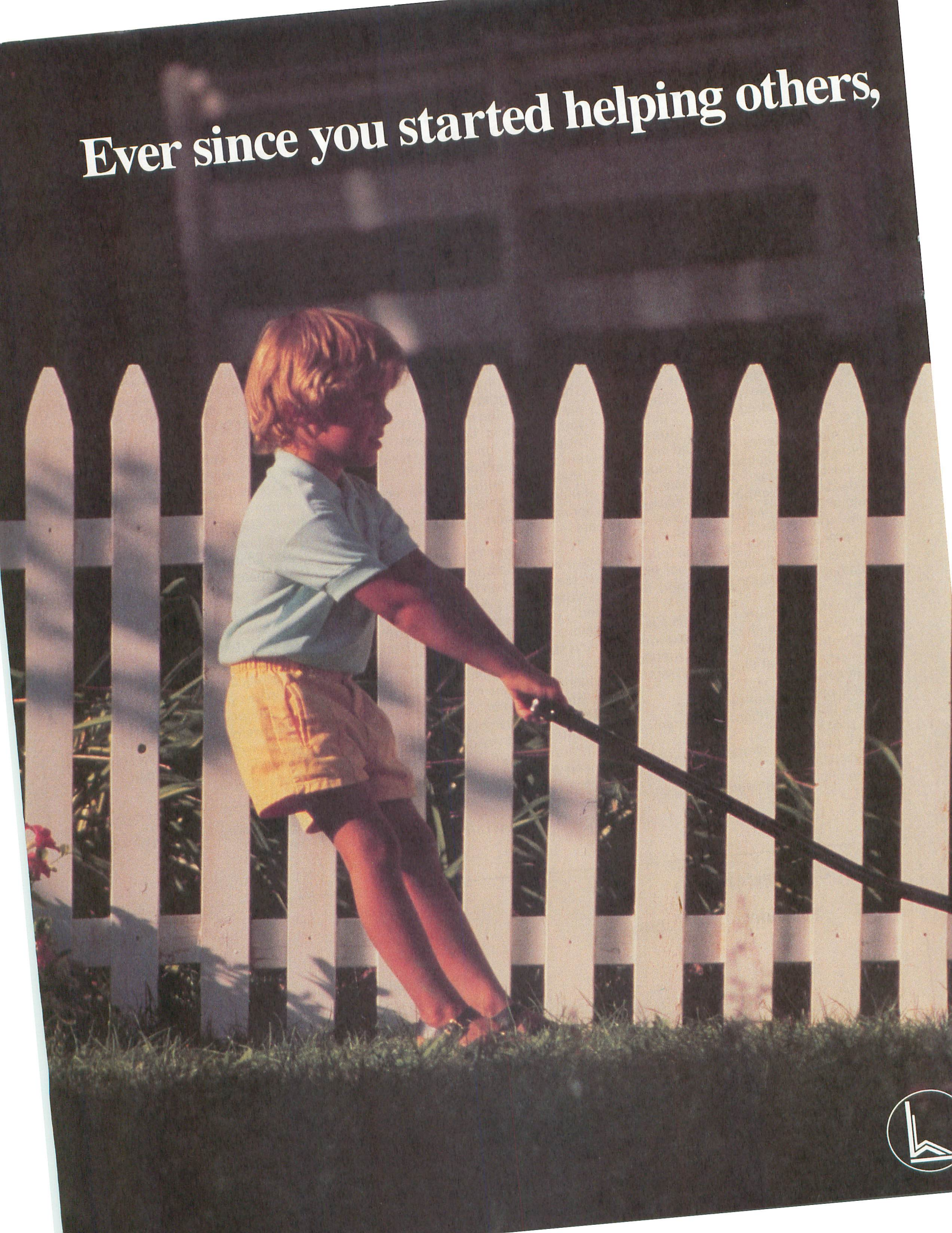
The authors concluded with hopes that clinicians would use the model to minimize evaluation and treatment biases and promote a more logical rationale for treatment.

Abstracted by Edie Knowlton Benner, PT, MA

PATIENT CLASSIFICATION

ACUTE	REINJURY	CHRONIC	OBJECTIVE
XX	X	X	Pain modulation, analgesia
XX	X	—	Application of controlled forces to enhance movement
—	XX	XX	Enhance neuromuscular performance
X	XX	X	Biomechanical counseling

XX = strongly indicated and serves as a treatment goal
X = occasionally indicated but is not a treatment goal
— = not typically indicated or a treatment goal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AAOMPT MEETS IN CHICAGO

By Carol Jo Tichenor, MA, PT and Joe Farrell, PT, MS, President, AAOMPT

After months of preparing, the United States application for membership in the International Federation of Orthopaedic Manual Physical Therapists (IFOMT) was submitted in June of this year. The American Academy of Orthopaedic Manual Physical Therapists (AAOMPT) met in Chicago on October 17-18, 1992 to continue planning for implementation of the residency standards which were approved by IFOMT. These standards include a minimum number of hours for instruction in manual therapy for spinal and peripheral joints, supervised clinical work with patients, instruction in the medical sciences, including neurophysiology, anatomy, biomechanics, applied exercise physiology, and scientific inquiry, etc. and for practical examinations during the residency training. The AAOMPT has hired a consultant to assist in the development of a self-assessment tool and external review process to insure that the eight residency programs, who were involved in the founding of AAOMPT, meet all IFOMT standards or have instituted a plan for compliance with the standards. Once the eight residency programs have completed their internal reviews, the standards will be made available for other residency programs, master's degree programs, and individuals to review. The AAOMPT founding members are committed to high standards of competence in manual therapy and want to be sure that their own "house is in order" before asking other programs to consider these standards. The original plan of publicly distributing the standards by the end of 1992 will be delayed until this review process is completed in 1993.

IFOMT requires member countries to demonstrate evidence of a practical examination to demonstrate the physical therapist's competence in manual therapy examination, treatment techniques and clinical decision-making skills. AAOMPT is evaluating alternatives for examination of therapists who have graduated from a residency program and of experienced orthopaedic physical therapists who have not completed a residency program but have broad continuing education experience and clinical experience. AAOMPT recognizes that the development of valid, reliable examination procedures may be a costly process as input from many consultants will be necessary. During 1993, AAOMPT will be planning fundraising activities to support the research into examination alternatives.

AAOMPT President, Joe Farrell, will be chairing the Manual Therapy Roundtable of the Orthopaedic Section on February 4, 1993 and the Manual Therapy Roundtable Business meeting of the Orthopaedic Section on February 6, 1993 during Combined Sections in San Antonio. During the roundtable discussions, Joe Farrell and Michael Moore, Secretary of AAOMPT, will each make a clinical presentation. AAOMPT will also be providing information during the Manual Therapy Roundtable Business meeting to keep therapists informed of the Academy's activities.

On November 7-8, 1992, Joe Farrell, President of AAOMPT, was invited to speak to the Board of Directors of the APTA. A meeting was also held with Orthopaedic Section President, Annette Iglarsh, PhD, PT. The recognition of AAOMPT by the APTA is necessary for the United States to continue as a member of IFOMT. Mr. Farrell discussed the goals of AAOMPT, the need for residency training in manual therapy with practical examinations to assess competency, and the potential impact of residency training on encroachment upon our profession by chiropractors, physicians and other professions. From these meetings, it is clear that there will need to be open communication between the Orthopaedic Section of the APTA, the American Board of Physical Therapy Specialists (ABPTS), the Board of Directors of APTA, and AAOMPT. We are at a juncture in the profession of physical therapy where we can substantially change the competency level of orthopaedic manual physical therapists. If each organization is flexible and is committed to working together to create changes in our profession, the "residency concept" could influence the specialization process throughout our profession.

Physical therapists with questions or concerns regarding the above issues should write to the AAOMPT in care of the Orthopaedic Section, APTA.

ORTHOPAEDIC CLINICAL SPECIALIST PRACTICE ANALYSIS

Introduction

The Orthopaedic Specialty Council is currently involved in developing research activities that will revalidate the Orthopaedic Physical Therapy Specialty Competencies through a practice/job analysis survey. This project will revise the definition of an Orthopaedic Clinical Specialist (OCS). Currently, the competencies are used as a test blueprint for the OCS exam. However, the competencies can also define the practice of an Orthopaedic Clinical Specialist for insurance companies and consumers.

The Orthopaedic Physical Therapy Specialty Competencies were originally designed to be a simple document to encompass the broad scope of practice for an Orthopaedic Physical Therapist. The development of Competencies for Orthopaedic Physical Therapy began in 1981. Surveys were designed and implemented in 1984 and the final competency document was adopted by the American Board of Physical Therapy Specialties in 1987.

Currently the Orthopaedic Specialty Council is mandated to revise the competencies every ten years. With the support of the Orthopaedic Section and a pschyometric consultant, the OCS competencies will be revised in 1993. Part of the process is a group interview. The group interview will gather information about the overall scope of orthopaedic physical therapy practice and will be used to construct a larger nationwide survey.

Interviews will be conducted during Combined Sections Meeting in San Antonio on February 4 and 5, 1993. A total of fifty (50) orthopaedic physical therapists will be interviewed. The council would like to interview both clinicians and educators who are specialists in the practice of orthopaedic physical therapy. If you would like to participate by volunteering to be interviewed by the Specialty Council, please schedule a time by phoning the Orthopaedic Section at 1-800-444-3982.

Mary K. Milidonis, MMSc, PT, OCS
Orthopaedic Specialty Council Member

IS IT TIME FOR A PORTFOLIO CHECK-UP?

By Tom Berkedal, an Investment Executive who provides investment advice to the Orthopaedic Section, APTA

Things change. That's why you go to the doctor for a check-up. You might feel as good as you did at 25, but now that you're twice that age you're wise enough to know that time brings change—and requires change. That's what your annual physical check-up is all about. The same good sense can apply to your investments.

A regular portfolio check-up can be a very helpful tool for preserving your financial health. A quality investment professional ought to be able to offer you a portfolio valuation that examines each of your account holdings in detail. Some firms offer this valuable service as a courtesy to customers; others charge a substantial fee.

What should you expect to learn from a portfolio valuation? Essentially, you should learn how well your portfolio is meeting your investment goals. Are your stocks appreciating enough to finance your child's years at college? Are your holdings correctly balanced between income and growth? A portfolio valuation will provide you with this information.

An analysis of your holdings—the purchase dates, quantity owned, current market value, profits and losses realized and unrealized—will show you how your investments are performing. Current credit ratings on your investments should also be included. If you own bonds, your report might calculate your 12-month projected cash flow, include a calendar of maturity/call dates, tables of credit quality, yield and price averages. If you own stocks, the same report will project your dividends—how much they will be and when you will receive them. The cash flow feature is especially helpful for income-oriented investors.

If you depend on the income produced by your portfolio, a cash flow analysis should indicate opportunities to smooth out your interest or dividend income. For example, you may have $1,000 in income in January, $500 in February, and nothing in March. Your investment executive may recommend portfolio changes that would even out your income.

With some portfolio valuations, you can request that your investments held outside the brokerage firm be part of the analysis. For example, you may have bank certificates of deposit that you want considered along with your brokerage account.

Once you have this summary in hand, your financial advisor is better equipped to help you decide whether portfolio changes are in order. It may be that you geared your investing for aggressive growth, but that was 10 years ago. Now, if it's time to move into the pre-retirement planning mode, you need a change.

The need for a portfolio valuation isn't limited just to changes in your own life. External change may also suggest a review. Prior to the Gulf Crisis, economists, including those at our firm, were recommending very conservative asset allocation strategies. These were designed mainly to protect assets. After the crisis, experts advised investors to reallocate assets to take advantage of the opportunities for growth and income. If corporate earnings reports improve, you may see increasingly less conservative asset allocation models.

The recommended allocation of your investment assets, of course, should depend on your age, goals, and financial situation. Are you saving for your children's education? For your retirement? Do you want aggressive growth or safety first? Are you long-term oriented or do you need retirement income starting in five years? The answers to those questions are fundamental to any investment decision. That's why I urge you to take advantage of a portfolio valuation now. With the information you obtain, you will better assess how well you are doing in achieving your fundamental investment goals.

If you would like to receive a sample portfolio valuation, or require additional information, Section members may contact Tom through the Orthopaedic Section office.

Congratulations PTA's On Your 20th Anniversary

Kai Aboulian, PTA
Margaret Adamson, PTA
Annamarie Aguiar, PTA
Raymond Aguilera, PTA
Sue Ainsworth, PTA
Annamarie Albolote, PTA
Darlene Allen, PTA
Melissa Allen, PTA
Linda Altland, PTA
Kelly Andres, PTA
Bryan Applegate, PTA
J. Armitage, PTA
Carol Armstrong, PTA
Guy Audet, PTA
Darlene Baerg, PTA
Julie Bailey, PTA
Tammie Baker, PTA
Roy Balderas, PTA
Karen Balonis, PTA
Melinda Barger, PTA
Charles Barnes, PTA
Jami Bates, PTA
Jeanne Baumann, PTA
Janet Benjamin, PTA
Karen Benson, PTA
Jeffrey Berner, PTA
Dorothy Beylo, PTA
Melodee Biedenharn, PTA
Sandra Bixby, PTA
Tina Bogoshian, PTA
Andrea Bond, PTA
Jeffrey Bowen, PTA
Edward Boyle, PTA
Adelaida Bravo, PTA
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Lisa Brown, PTA
Tracey Bullard, PTA
Ashlee Burchianti, PTA
Mary Burggraf, PTA
Sally Burns, PTA
Peggy Cahail-Negley, PTA
Kim Caldwell, PTA
Laurie Cardoza, PTA
Donna Carncross, PTA
Kimberly Carneal, PTA
Wilma Carnesi, PTA
Gail Carvell, PTA
Joanne Charney, PTA
David Chavez, PTA
Mary Cheney, PTA
Carrie Chow, PTA
Julie Ciaccia, PTA
Liza Clamosa, PTA
Bradford Clark, PTA
Lynn Coates, PTA
Deanna Coker, PTA
Cindy Colagiovanni, PTA
Robert Coldiron, PTA
Tia Coley, PTA
LaJuan Collins, PTA
Laurie Collins, PTA
Leslie Colvin, PTA
Thelma Conchas, PTA
Charles Condron, PTA
Brian Connelly, PTA
Christine Connors, PTA
Barbara Conway, PTA
Michelle Cooley, PTA
Judith Cote, PTA
Margie Crawford, PTA
Mary Crenna, PTA
Barbara Crook, PTA
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Christine Driscoll, PTA
Kimberly DuPree, PTA
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Eileen Duty, PTA
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Beth Erb, PTA
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Laure Euchuk, PTA
Susan Everhart, PTA
Kimberly Everingham, PTA
Maureen Fagan, PTA
Elizabeth Farra, PTA
Martha Ferguson, PTA
Holly Fischer, PTA
Christine Fletcher, PTA
Ann Flintoff, PTA
Andrea Forde, PTA
Joanne, Fosdick, PTA
Sonia Francesca, PTA
Nicholas Freer, PTA
Sherry Frost, PTA
Roberta Furney, PTA
Eileen Gaglias, PTA
Karen Gallagher, PTA
Eleazar Garcia, PTA
Floyd Garner, PTA
Lisa Geissler, PTA
Julie George, PTA
Wanda George, PTA
Kathrine Giffin, PTA
Nancy Gilmore, PTA
Patricia Glance, PTA
Phillip Glatzer, PTA
Elizabeth Gomez, PTA
Teresa Gong, PTA
Cynthia Goodall, PTA
Teresa Gorman, PTA
Lisa Gowins, PTA
Leslie Green, PTA
Robert Green, PTA
Colleen Gumbert, PTA
George Guzzardo, PTA
Monica Hallman, PTA
Diane Hancock, PTA
Joseph Hardy, PTA
Kathy Harris-Conser, PTA
Patricia Harrison, PTA
Scott Hartman, PTA
Laura Hartwig, PTA
Karen Harvey, PTA
Mary Haunert, PTA
Kim Havunen, PTA
Mary Ann Hayduke, PTA
Carolyn Hechler, PTA
Nyla Helms, PTA
Heather Henderlight, PTA
Charmaine Henn, PTA
Sarah Hibbard, PTA
Barbara Hibbs, PTA
Teresa Hickman, PTA
Ashley Hickok, PTA
Pamela Hinch, PTA
Ida Hodge, PTA
Cindy Hollowell, PTA
Marci Holmquist, PTA
Kristen Hooper, PTA
Kerstin Hravnak, PTA
Jodi Huberty, PTA
Michael Hudson, PTA
Deanne Hughes, PTA
David Hutcherson, PTA
Ronald Hyso, PTA
Thomas Intrieri, PTA
Anna Jablonowski, PTA
Margie Jacques, PTA
Julie Jarrell, PTA
Leslie Jaye, PTA
Ashraf Jewell, PTA
Dolores Johnson, PTA
Michelle Johnson, PTA
Karen Jones, PTA
Lisa Jones, PTA
Randy Jones, PTA
Patricia Jorgenson, PTA
Celine Jose, PTA
Susan Jungbauer, PTA
Kathleen Jursa, PTA
Janet Kalb, PTA
Harold Kanter, PTA
Myrna Kasten, PTA
Michael Keffer, PTA
Hermann Kelber, PTA
Teresa Kelly, PTA
Barbara Kennedy, PTA
Kathleen Kennedy, PTA
Timothy Kessler, PTA
Colleen Kile, PTA
Shari Klahr, PTA
Krista Kline, PTA
Leslie Kokich, PTA
Carol Kowalczyk, PTA
Magdalena Kreigh, PTA
Mary Kremer, PTA
Joan Kuzma, PTA
Kay Lapin, PTA
Amy Laughman, PTA
Brenda Law, PTA
Kathleen Lawler, PTA
Marquita Lawson, PTA
Sharon Lawson, PTA
Richard Lenkiewicz, PTA
Patricia Lindauer, PTA
Carolyn Lotito, PTA
Pam Lubbe, PTA
Judy Lubitz, PTA
Beth Lundblad, PTA
Michelle Lynch, PTA
Ronald Marris, PTA
Cherie Mars, PTA
Virginia Martin, PTA
Yvette Martinez, PTA
Melinda Marzan, PTA
Silas Masih, PTA
Judith Mason, PTA
Diane Matzell, PTA
Sandra McBeth, PTA
Jennifer McConnell, PTA
JoAnn McDonald, PTA
Peggy McGonigle, PTA
Janet McGuire, PTA
Lori Mclaughlin, PTA
Joanne Mejeur, PTA
Ronald Meyers, PA
Jean Miceli, PTA
Deborah Milani, PTA
Glenda Miller, PTA
Marilyn Miller, PTA
Lisa Miner, PTA
Sheen Mitchell, PTA
Todd R. Mitchell, PTA
Janelle Mittler, PTA
Angelia Mizell, PTA
Rene Monico, PTA
Pat Montividas, PTA
Kimberly Moore, PTA
Kim Moors, PTA
Marcia Morgan, PTA
Shari Morris, PTA
Charles Moseley, PTA
Anthony Mottern, PTA
Geraldine Moyer, PTA
Darren Muklevicz, PTA
David Munson, PTA
Maureen Murphy, PTA
Debra Musgrove, PTA
Cynthia Nauran, PTA
Jacqueline Nelson, PTA
Steve Nelson, PTA
Laurel Nevins, PTA
Alice Newton, PTA
Denise Norton, PTA
Wendy Olson, PTA
Mark Ortiz, PTA
Denice Ouellette, PTA
Mary Owens, PTA
Kimberly Oyler, PTA
Jenita Page, PTA
Kendra Palumbo, PTA
Molly Pancini, PTA
William Pannell, PTA
Prearna Patel, PTA
David Patterson, PTA
Lynda Pekala, PTA
Christine Pennell, PTA
Ann Perenkovich, PTA
Debra Perry, PTA
Patricia Persin, PTA
Renee Persson, PTA
Margaret Pickett, PTA
Stephanie Pierce, PTA
Janice Pisle, PTA
Lynne Pivacek, PTA
Doreen Plimpton, PTA
Sheri Poffenbarger, PTA
Alben Porter, PTA
Sandra Porter, PTA
Pamela Posvic, PTA
Angela Powell, PTA
Katherine Prange, PTA
Beauford Price, PTA
Judith Price, PTA
Sharon Pruit, PTA
John Puchowicz, PTA
Paige Puckett, PTA
Diana Ramirez, PTA
Ann Randazzo, PTA
Kim Rasmussen, PTA
Maxine Reddick, PTA
Kathryn Reeves, PTA
Melissa Regal, PTA
Gayle Regan, PTA
Deborah Renoir, PTA
Pamela Rice, PTA
Vickie Roberts, PTA
Blanca Romero, PTA
Kareen Ross, PTA
Mary Ellen Rotola, PTA
Kimberly Routh, PTA
Martin Ruppel, PTA
Anne Rutter, PTA
Kimberly Sachetta, PTA
Virginia Sadowski, PTA
Roel Salinas, PTA
Jean Sampson, PTA
Kathleen Sandusky, PTA
Ingrid Saunderson, PTA
Mary Scarcliff, PTA
Barbara Scharfschwerdt, PTA
Debra Schroeder, PTA
Karen Shepherd, PTA
Sheila Shepherd, PTA
James Shireman, PTA
Freeda Shirley, PTA
Barry Sloan, PTA
Donna Smith, PTA
Kelly Smith, PTA
Kelly Sneed, PTA
Carol Soens, PTA
Sandra Sowry, PTA
Patricia Sparks, PTA
Peggy Staub, PTA
Kristin Steinhaus, PTA
Sharon Stevenson, PTA
Darlene Stinchcomb, PTA
Donna Stone, PTA
James Storch, PTA
Russell Stowers, PTA
Jennifer Striebig, PTA
Tammie Sullivan, PTA
P. Swaminathan, PTA
Marcia Sympson, PTA
Mikio Tanaka, PTA
Tammy Taylor-Woods, PTA
Elizabeth Tejeda, PTA
E. Teymourian, PTA
Terri Tolbert, PTA
Julie Torrales, PTA
Gary Toth, PTA
Thomas Tovey, PTA
Dominique Trolliet, PTA
Andrew Trubey, PTA
Patricia Tummola, PTA
Marilyn Turner, PTA
Tamara Uliantzeff, PTA
Michelle Van Eerden, PTA
Kelly Venator, PTA
Rhonda Verduyn, PTA
James Vernadakis, PTA
Sandy Vidinha, PTA
Mary Vondrehle, PTA
Debra Wadkins, PTA
Lisa Waldhoff, PTA
Jane Waldoch, PTA
Carol Walker, PTA
Gayle Wallace, PTA
Cynthia Watson, PTA
Regina Welden, PTA
Crystal Wetherholt, PTA
Tracy Whittington, PTA
Chantel Wilkins, PTA
Dee Williams, PTA
Bradley Wilson, PTA
Leann Wilson, PTA
Kim Winfrey, PTA
Jon Wissler, PTA
Lorie Woodard, PTA
Donna Young, PTA
Sandra Zacharias, PTA

1993 MASTER CALENDAR

January

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JANUARY

1 HOLIDAY - New Year's Day
4 OP Mailing Date
18 JOSPT Mailing Date

FEBRUARY

2-3 Pre-conference program
ADA-Practical Applications and the Physical Therapist's Role
3 OCS Exam all day
4-7 CSM - San Antonio, TX
18 JOSPT Mailing Date

MARCH

19 JOSPT Mailing Date

APRIL

11 HOLIDAY - Easter
12 Election Ballot Mailing Date
18-20 Component Leadership Seminar - Alexandria, VA
19 JOSPT Mailing Date

April

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May

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						1
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

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MEETING MINUTES

ORTHOPAEDIC SECTION, APTA, INC.

FALL EXECUTIVE COMMITTEE MEETING
OCTOBER 15-18, 1992
LA CROSSE, WISCONSIN

CALL TO ORDER—1:30 PM—Annette Iglarsh, P.T., Ph.D.

Meeting was called to order by President, Annette Iglarsh, P.T., Ph.D. Those present were John Medeiros, P.T., Ph.D.; Stanley Paris, P.T., Ph.D.; Dan Riddle, M.S., P.T.; Gary Smidt, P.T., Ph.D.; Nancy White, M.S., P.T.; John Wadsworth, M.A., P.T.; Jan Richardson, P.T., Ph.D.; Dennis Isernhagen, P.T.; Don Lloyd, P.T., and; Terri Pericak.

PRESIDENT'S REPORT

A. Approve Executive Committee Minutes (from AC June, 1992, Denver, CO)

=MOTION=To approve minutes as amended, from the Executive Committee meeting at Annual Conference in Denver, Colorado, June, 1992.=PASSED=

B. Approve Baltimore Business Meeting minutes (July, 1992)

=MOTION=To approve the minutes as printed.=PASSED=

C. Review and Accept Agenda

=MOTION=To approve the agenda as printed.=PASSED=

D. Section endorsements by officers/committee chairs

Stanley Paris was charged with pursuing Section endorsements and the use of Section titles in non-Section activities.

EXECUTIVE COMMITTEE REPORTS

Vice-President—John Medeiros, P.T., Ph.D.

1. Worked with the new Publications Chair on the transition for *Orthopaedic Practice.*

2. Compiled a survey on the Work Scheduling Task Force.

Treasurer—John Wadsworth, P.T., M.A.

1. 1992 Budget

a. The Orthopaedic Section's equity to date is $513,000.

b. In January, 1991 the Section had 7% of its total operating expenses for one year in a reserve fund. In 1992, to date the Section has 63% in reserves.

c. Income generated year to date ending August, 1992 is 15% ahead of budget. Expenses are under budget 17% as of August, 1992.

2. Auditor's report from Fall Finance Committee Meeting

Non-dues ventures, i.e., publishing other Sections' publications and contracting out administrative services, should be kept to about 10% of the Section's total operating expense budget, to keep us in the 'safe' zone in the eyes of the IRS. The Administrative Director was to determine the current percentage of outside contract expenses in relation to the Section's overall yearly expense budget and report to CSM.

Member-at-Large—Stanley Paris, P.T., Ph.D.

Policy and Procedure Update

The manual has been compiled onto one diskette and will be reviewed by two individuals. Updating of the manual will now become a staff function. Disks of the manual will be made available to all elected officers after CSM 1993.

Education Program—Nancy White, M.S., P.T.

1. 1992 Review Course Update

A five day course will be held in Troy, Michigan, November 11-15.

2. Home Study Course Update

Reviews for the second series on the lower extremity have been very good. Announcements have gone out to the membership on the third series on the upper extremity scheduled to begin in January 1993.

3. CSM 1993 Program

a. ADA pre-conference course (Joint program with PPS) will be on Tuesday and Wednesday, February 2 and 3, 1993.

b. Black Tie and Roses will be on Saturday, February 6 from 7-10 PM.

c. The Section Business Meeting will be on Saturday, Feb. 6 from 8-10 AM.

4. 1993 Review Course Update

Seattle will be the site for the July, 1993 course.

5. 1994 Speakers/Topics

a. Proposed a half day research issues forum on the low back presenting different areas on low back pain, industrial, manual therapy and classification. Consider doing joint program with the Research Section and continue on an annual basis with other Sections.

b. Section 20th Anniversary in 1994

Preliminary discussion of celebration plans.

Research—Dan Riddle, M.S., P.T.

1. Rose Excellence in Research Award

=MOTION=That the Orthopaedic Section Executive Committee vote to approve the selection of Anthony Delitto as the winner of the 1993 Rose Excellence in Research Award.=PASSED= The article was entitled, "A Study of Discomfort with Electrical Stimulation" published in the Journal of Physical Therapy, June, 1992.

2. Platform/Poster Presentations—CSM 1993

Over 50 abstracts were submitted and 21 posters submitted. A total of 32 platform presentations are scheduled on Friday and Saturday, February 5 and 6.

JOSPT Editor—Gary Smidt, P.T., Ph.D., FAPTA

1. The number of submissions to the *Journal* should be over 200 by the end of 1992 which is well above the number of submissions at this time last year.

2. JOSPT Focus Groups

Editor charged with speaking to Alma Wills from Williams and Wilkins and implementing focus groups meetings.

Administrative Director—Terri Pericak

1. Travel Club Fund

=MOTION=Not to renew the contract with the Travel Club.=PASSED=

2. Staff Changes and Task Re-Organization

a. Title change from Administrative Director to Executive Director to be consistent with the APTA Council of Executive Personnel. =MOTION=The Administrative Director title will be changed to Executive Director at the conclusion of this meeting.=PASSED=

INVESTMENT FIRM PRESENTATIONS

=MOTION=That the Orthopaedic Section keep its accounts with Piper Jaffray.=PASSED=

THREE (3) YEAR PLAN

Generated by Executive Committee

A. International
   1. Occupational Physical Therapy
   2. Manual Therapy

B. Residency
   1. Fellowships
   2. Mentorships

C. Re-entering Physical Therapists

D. Legislation
   1. ADA
   2. Reimbursement—CPT

3. Encroachment
E. Health Care Model
F. Committee Structure
G. Regional Groups/Study Groups
H. Impact on Orthopaedic Oriented Grants
I. Become active in national PT issues, i.e., CEU's, loss of license
J. Relationship and interaction with other disciplines
K. Impact of multiple degrees, i.e., Advanced Masters, Baccalaureate, Masters, Doctorate
L. Organizational dynamics
M. Escalating dues structure
N. Relationship with PTA's/PT Aides

TASK FORCE REPORTS

A. Work Schedules

=MOTION=That the Annual Business Meeting of the Section be moved to the CSM.=PASSED=

=MOTION=That we hold one business meeting per year to be held at CSM; three Executive Committee meetings to be held in the fall (October/November), CSM and Annual Conference; and two informational giving and gathering sessions with the membership in July at the review course and at Annual Conference. Committee Chairs will only be required to attend part of the Fall Meeting and CSM.=PASSED=

Two informational meetings would be held each year, one at Annual Conference and one at the July Review Course. Informational meetings should include one officer, the Education Chair and Executive Director.

Three Executive Committee meetings each year were recommended. One in October, one at CSM and a shorter meeting at Annual Conference. If a fourth meeting is needed that would be held at the Component Leadership Seminar in April. The Committee Chairs would be required to attend the CSM and October meeting only.

B. Section Re-Organization

=MOTION=That the Board of Directors consist of five elected officers with a vote and for one year the Immediate past President without a vote.=PASSED=

=MOTION=President and Vice President be elected in one year, Treasurer and one Director in the second year and one Director in the third year.=PASSED=

=MOTION=That the Council consist of the Board of Directors plus Chairs of Education, Research, SIG(s), and JOSPT Editor and Executive Director.=PASSED=

PROGRAM REPORTS

A. Membership—04—Terri Pericak

1. Orthopaedic Bookstore Update

Karen Piegorsch was charged with investigating this and reporting back at CSM.

2. Computerized Membership Directory

Gary Smith, Stanley Paris and staff were charged to investigate start-up logistics and report at CSM.

3. Label Sales

A notice will be placed in *Orthopaedic Practice* requesting people who would like their name removed from all mailing label sales to send a written request to the Section office.

4. Membership Services will now be handled by Sandy LaValley beginning in October, 1992.

B. Publications—06—Terri Pericak

1. Review of Publications

The quarterly publications currently being produced are *Orthopaedic Practice, Geritopics* (changing name to *Issues on Aging,* January, 1993) and the Hand Section newsletter. The Cardiopulmonary Section newsletter will begin in January, 1993.

2. Sports Section Administrative Services Proposal

The Sports Section will be contracting with the Orthopaedic Section to do their administrative Services beginning the first of November, 1992.

C. Specialization—08—Rick Ritter, M.A., P.T.

1. Update on ABPTS Meeting Re-certification

Non-examination alternative re-certification methods are being investigated.

2. Update on Re-Validation of Competencies

The ABPTS Board has approved the process of our re-validation of the competencies. The competencies document will remain with the Section as of this date.

D. Finance Committee—John Wadsworth, M.A, P.T.

=MOTION=Recommendation that the Finance Committee design a budget that will increase the reserve fund to 75% of annual budgeted operating expenses by the end of 1993 and will maintain this level thereafter.=PASSED=

=MOTION=Recommendation that the current Piper Jaffray reserve fund be redirected to 50% equity/50% fixed. =PASSED=

=MOTION=Recommendation that we open a $25,000 Regis fund in fourth quarter, 1992 and continue to invest excess reserve fund monies in Piper and/or Regis fund for 1992 and 1993.=PASSED=

=MOTION=Recommendation that the Finance Committee establish a building fund to be funded by a yearly allocation of a minimum of 8% of membership dues once our 75% reserve is achieved. =PASSED=

=MOTION=1) SIGs are to be fiscally treated as a Program, 2) SIG Treasurer to submit an annual budget to the Finance Committee, 3) All bills are to be sent to the Section Administrative Director for items not clearly identified in budget and paid with SIG Treasurer approval, 4) Section Administrative Director is to send a monthly statement of SIG budget status to SIG Treasurer with copies of checks sent and bills paid.=PASSED=

=MOTION=Recommend that the Section commit $1.00 per member annually only for establishing a benevolent fund. The distribution to be designated by the Executive Committee.=WITHDRAWN= Further discussion is needed by the Finance Committee. Report will be made at CSM 1993.

=MOTION=Recommend that an orientation meeting for Treasurers of the SIGs during their first year be held with the treasurer of the Orthopaedic Section. This meeting be held at the Annual Meeting. Each SIG's budget must include one day per diem and travel to Annual Meeting.=PASSED=

=MOTION=Recommendation that the Executive Committee have a focus group and/or first timers breakfast at CSM in 1994=PASSED=

=MOTION=Recommend that the Section fund one new home study course per year and one re-run per year. Editor would be paid $500 for each re-run and each author would receive $100 per re-run.=PASSED=

=MOTION=Recommendation that corporate credit cards be issued to the Administrative Director and President of the Orthopaedic Section. The credit card will be used exclusively for Orthopaedic Section business.=PASSED=

=MOTION=Recommendation that the JOSPT Advisory Council seek legal counsel regarding contractual relationships among the Orthopaedic Section, Sports Section, Williams and Wilkins, Editor of JOSPT, and the University of Iowa.=PASSED=

=MOTION=Recommendation that $15,000 of the Equipment Reserve Fund be invested in a long term higher interest bearing account.=PASSED=

I. Public Relations—13—Karen Piegorsch, P.T., OCS

1. Recommendation to sponsor a PT student to CSM by inviting each PT school to submit the name of one student selected by classmates based on: interest/excellence in orthopaedics, profes-

sionalism, and availability to attend CSM. A drawing will take place at the Annual Conference business meeting and the student will be invited to attend the next CSM. A mentor would be assigned to the student at CSM. Funding would include; travel, per diem, and registration.

2. Explore ideas by Mike Tollan regarding study groups

The Public Relations Chair and Education Chair were charged with communicating with Mike Tollan to gather information the first year and develop a plan for implementing those ideas the second year. A report will be given at the 1993 CSM business meeting.

3. Hotline: Cumulative Trauma Disorders

Chair was charged with contacting Alexis Waters at APTA to set this up in 1993.

4. Actively participate in physician's annual meetings for such specialty groups as occupational health physicians and family practitioners

Chair was charged with developing a list of all the potential groups of associations the Section interacts with. The Executive Committee would then prioritize the list and assign a liaison to each association. Report will be presented at CSM 1993.

J. Awards—14—Carolyn Wadsworth, M.S., P.T.

1. Submit APTA Publications Award nomination for *OP, HSC, JOSPT,* Review Course

The Section will submit *Orthopaedic Practice,* the Home Study Course, *JOSPT* and the Review Course for the 1993 Award.

2. APTA Award Nominations

a. Baethke-Carlin Award for Excellence in Academic Teaching—Sandy Burkart nominated, John Wadsworth to initiate.

b. Lucy Blair Service Award—Joe McCulloch nominated, Terri Pericak to call Helen Greve to initiate; Carolyn Wadsworth nominated, John Wadsworth to initiate; Cathy Certo nominated, Annette Iglarsh to initiate.

c. Helen Hislop Award—Florence Kendall nominated, Annette Iglarsh to initiate.

d. Marian Williams Award—Chukuka Enwemeka nominated, Dan Riddle to initiate.

e. Catherine Worthingham Fellows—Bob Richardson nominated, Dennis Isernhagen to initiate.

f. Kendall Award—Susan Isernhagen nominated, Jan Richardson to initiate.

g. Paris Award—Florence Kendall nominated, Stanley Paris to initiate.

APTA Awards will be made part of the Executive Committee agenda at all CSM and Annual Conference meetings. A copy of all award packets are to be sent to the Section office for filing.

3. APTA Financial Management Award

The Finance Committee recommended the Section put forth a submission for the 1993 Award.

4. Paris Distinguished Service Award

No nominations have been received to date. The Executive Director was charged with distributing the award criteria to all officers and committee chairs and past officers asking for nominations and also to recommend changes to the criteria.

K. Nominating Committee—16—Bill Boissonnault, M.S., P.T.

1. Section Officer Nominations

a. Two offices are up for election in 1993; Treasurer and Nominating Committee Member.

b. The following is a guideline to use when soliciting nominations for nominating committee member; Each of the three nominating committee members should represent different regions of the country, i.e., west/middle/east.

2. APTA Officer Nominations

3. APTA Committee Nominations

4. Election Process

a. The Committee was charged with looking into the cost of using a Notary Public for counting election ballets. The cost is approximately $8-$10 per hour. The Section office determined that it takes about 10-15 hours to tally the ballots (this includes verifying membership for each ballot returned).

b. It was decided that a Notary Public should be hired to tally the election ballots for the 1993 election. All ballots will be returned to the Section office where membership will be validated using the name and address listed on the outside of the return envelope. The unopened envelopes will then be forwarded on to the notary who will open and tally them.

L. Industrial Physical Therapy SIG—Dennis Isernhagen, P.T.

1. Approve SIG Bylaws

The proposed bylaws will be presented to the membership for approval at CSM. A direct mailing will go out to all SIG members 30 days prior to the meeting.

2. 'Guidelines for Work Conditioning/Work Hardening Programs'

Dennis Gyllenhaal brought forth a proposal to the SIG at CSM in 1992 regarding a system he has set up in Kansas City called PTON. To maintain the system would cost $15,000. A follow up proposal will be brought forth at CSM in 1993.

NEW BUSINESS

A. Finance Committee

=MOTION=The 1993 budget as proposed by the Finance Committee and amended by the Executive Committee be accepted.=PASSED= (Amendments include the addition of the Public Relations Committee activities and hiring a notary public for tallying ballots).

=MOTION=That the Finance Committee motions be accepted as published and amended in the minutes of the August 1992 meeting.=PASSED=

B. Agenda Items for CSM 1993 Business Meeting

1. Change of Annual Business Meeting
2. Bylaw Changes
3. Update on Academy
4. Defense of Practice Issues
5. Encroachment Issues

C. Committee Chair/Member Appointments

1. The Practice Committee will be split into legislative and reimbursement areas for one year after which the Section will decide how to structure the committee. A Chair for this committee will be determined on a conference call in November.

2. Awards Committee Chair will be sent a letter regarding their interest in continuing in this position.

D. Other

1. =MOTION=That the Orthopaedic Section donate $5,000 to the Foundation for Physical Therapy in 1992 to be 'earmarked' for Research.=PASSED= Recommended that the members receiving this money from The Foundation be highlighted in Orthopaedic Practice.

2. =MOTION=That $2,000 be donated to PPS to support their legislation and practice efforts that also benefit our membership.=PASSED=

3. 1993 Fall Executive Committee Meeting will be in San Diego the first week-end in October.

4. =MOTION=Investigate ASAE performing a job survey and management analysis and where a decision will be made at CSM. =PASSED=

Adjournment

SECTION NEWS

MEMBER-AT-LARGE

My report is very positive. When I ran for office 18 months ago, I did so for specified reasons and now it's time for these to be accounted for.

1. **"Improve the method whereby members can vote on issues—especially by increasing attendance at mid winter Combined Sections Meetings."**

The Section officers are recommending a By-law change which will result in us having only one business meeting a year and that will be at the Combined Sections Meeting. Also at the Combined Sections this year there will be an "issues forum" to which all members can take part and become actively involved. There will be some hot topics for discussion. *Progress: Excellent.*

2. **"Help provide support both in terms of information and possibly personnel, to defend our practice rights at the State level, where others are increasingly attempting to restrict or infringe on our practice."**

This will be part of the "issues forum" at the CSM in San Antonio. Several of you I know are planning to be active especially concerning the efforts of other professional groups to limit our scope of practice. We will need to decide whether to set up a standing committee on this topic or whether it should become the primary responsibility of the existing Practice Committee. *Progress: Very Good.*

3. **"Further address special interest within the Section to prevent erosion such as the unnecessary formation of the Hand Section."**

It's not appropriate to report anything at this time except to say that the Section Executive is well aware of the problem and is doing all that it can to prevent any such future erosion. *Progress: Good.*

4. **"See that the Section becomes more active in IFOMT. For our Section not to be a member of this international body which offers excellent programs in manual and manipulative therapy is unsatisfactory to those of us interested in manual therapy."**

At the last Combined Sections Meeting in San Francisco, the Section witnessed its largest ever business meeting due to the high interest in this topic. Those present voted unanimously to have the Section support the newly-formed American Academy of Orthopaedic Manipulative Therapists' attempt at becoming a member of IFOMT. This attempt was successful in Vail, Colorado in June. Much work still needs to be done to make sure that membership continues since we do not as yet have official approval from the APTA Board of Directors. Continuing membership in IFOMT will depend on such approval. *Progress: Excellent.*

5. **"Improve the Committee structure so that Committee members are appropriately consulted on matters that should fall within their responsibilities; and to ensure that Committee reports are first seen by the Committee members before going to the Executive in order that minority as well as the Committee Chairpersons views can be considered."**

Under the Chairmanship of Annette Iglarsh, a number of task forces and one specifically dealing with re-organization have been set up. It is, therefore, premature to report on this issue at this date. *Progress: Satisfactory.*

6. **"Finally, I would like to see all possible encouragement and support given to the Orthopaedic Specialty Council to add both oral and practical examinations to the specialization process. This was the original intent of specialization. We can be first again."**

This issue perhaps may not be mute since we have formed the American Academy of Orthopaedic Manipulative Therapy. However, I do support the expansion of our Orthopaedic Boards to include both oral and practical examinations, while recognizing that this would represent considerable expense due to the possibility of litigation by those dissatisfied with the result. The Academy may be able to achieve this mechanism with far less exposure by either accrediting programs which meet its standards or by holding "challenge" exams. The Academy is, however, in its infancy in these matters, but will have a great deal to say come the CSM in San Antonio. *Progress: Satisfactory.*

Once elected to the Executive as a Member at Large, I have become of course involved with a number of issues other than those mentioned above. The experience is rewarding and one that I can encourage all members to consider. Serving the Section is exciting and challenging. There are many issues which I can assure you are dealt with professionally and responsibly, keeping the membership in mind at all times. Mid-way through my term of office, I am satisfied with the progress that we are making in the Section and look forward to enhanced membership involvement. Please become involved by attending the Combined Sections Meeting in San Antonio and let your voice be heard. If the Executive has been "high handed" in the past, it is largely because they needed to make decisions in the absence of the Section's membership. Let us know what we must do to have you be present and be active.

Stanley V. Paris, Ph.D., P.T.
Member at Large

EDUCATION

Make plans now to attend Combined Sections Meeting! For years, I have heard that you can't get good clinical information at APTA conferences. This is not at all true. With the advent of Clinical Roundtables and Special Interest Groups, we are now able to provide very high level clinical programming at CSM. This year we have scheduled programming for Roundtables in Manual Therapy, Performing Arts, and Head and Neck Physical Therapy. We have also scheduled a session related to Foot and Ankle in a different format. The two day pre-conference course on the ADA has been organized by the Industrial Physical Therapy Special Interest Group. As these groups become more active, our programming can only get better.

Our second Review for Advanced Clinical Competencies has just been completed and was quite successful with over 70 registrants. We plan to continue offering two courses annually if interest remains high. The next course is scheduled for July 11-17, 1993 in Seattle, Washington. We will continue to update the course based upon feedback from participants.

The next home study course on the upper extremity is in the final stages of preparation. We have had quite a response for the course and were pleased that over 36% of registrants have taken previous home study courses. The evaluations on the two

lower extremity courses have been excellent. The fact that so many participants have registered for the third course is further feedback to us that these courses meet a need in our membership.

The Program Committee is working with the Public Relations Committee to foster development of Orthopaedic Special Interest Groups at the Chapter level. By doing so, we hope to expand the network of orthopaedic physical therapists throughout the country and be better able to meet our members needs by communicating through these channels. We will be communicating with Orthopaedic Study Groups and Chapters about this in the near future.

We are currently investigating the need for a re-entry course in orthopaedics for physical therapists who have temporarily left the field and wish to return to the clinic. We will most likely continue to use the home study format since we seem to reach individuals who may otherwise be unable to travel. The Section is concerned about the manpower shortage in physical therapy and wishes to address it in this and other ways.

Nancy T. White, MS, PT
Chair, Education Program Committee

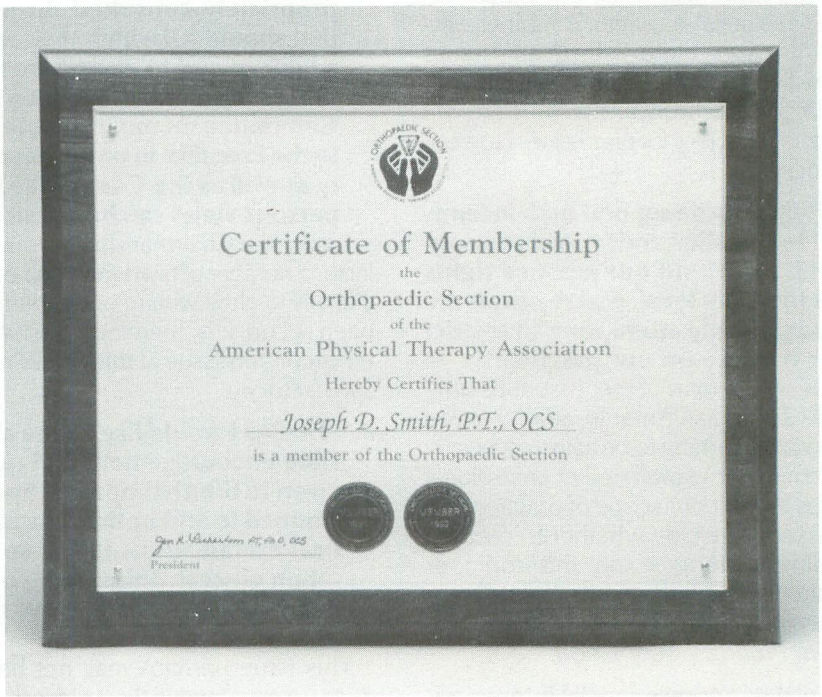
There will be an organizational meeting for the Foot and Ankle Roundtable during Annual Conference. The date and time for the meeting will be announced in the next issue of *Orthopaedic Physical Therapy Practice*. For more information, contact the Section Office or Tom McPoil at 1630 W. University Heights Drive South, Flagstaff, Arizona 86001.

SECTION MEMBERS:

The Section office occasionally sells its membership roster to various organizations for their publications purposes. If you would like your name and address omitted from these lists, please call the Section office at 1-800-444-3982.

We are members of a new interest group on postural management and treatment which was recently formed by the Quebec Professional Corporation of Physical Therapists. We are interested in different aspects of scoliosis (treatment: surgical, conventional, non-conventional; research, literature, questions on scoliosis, etc.) If you are a P.T. with experience in one of the above, please contact the Orthopaedic Section and they will forward your names to us. Thank you.

ORTHOPAEDIC SECTION MEMBERSHIP CERTIFICATE



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(PLEASE INCLUDE ORTHOPAEDIC SECTION MEMBER'S NAME)

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FINANCIAL REPORT

Orthopaedic Section, APTA, Inc.
11/12/92

GENERAL:

Our section is ¾'s of the way through the 1992 budget year. Financially the section is doing better than anticipated for income and investments while holding our expenses to near budgeted expectations.

INCOME:

Our section is 12.8% over the expected revenues YTD. This is due to the success of the orthopaedic continuing education programs presented this year. Member dues continue to be slightly behind our projections, but are to be at or near budget by December 31, 1992.

EXPENSES:

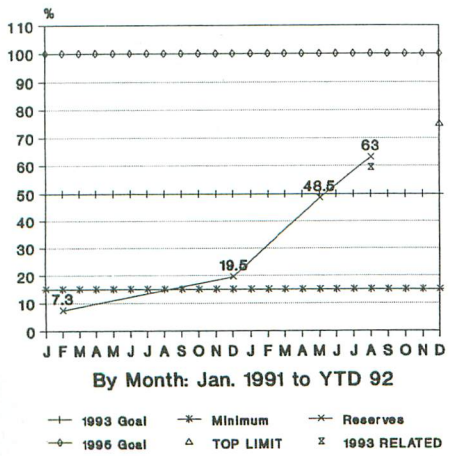
Our section is 14.2% under our budgeted YTD expectations. Travel expenses continue to be under projections due to the reduced air fares. Office operations, JOSPT, postage, and general committees show a slight increase in expenses due to payments for the June national conference meeting and the 'Review for Advanced Orthopaedic Competencies' course held in July.

INVESTMENTS/RESERVES:

The Section reserves are currently at 63% of our annual expense budget for 1992. The finance committee's goal is to obtain a goal of 75% of the 1993 annual budget.

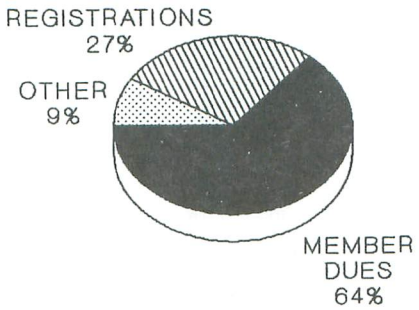
RESERVE FUND

The % of Annual Exp. Budget in Reserve

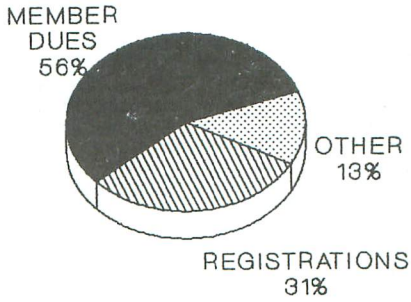


Goal: Reserve = 75% of Annual OP Budget

ORTHOPAEDIC SECTION APTA INC.
1992 YTD BUDGET TO ACTUAL SUMMARY
INCOME (+12.8%)

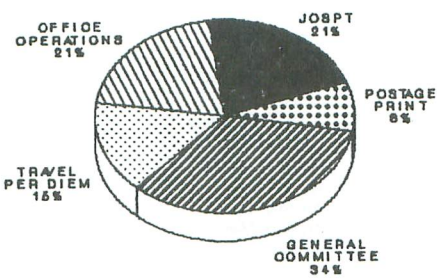


BUDGETED
TOTAL: $587,047.41

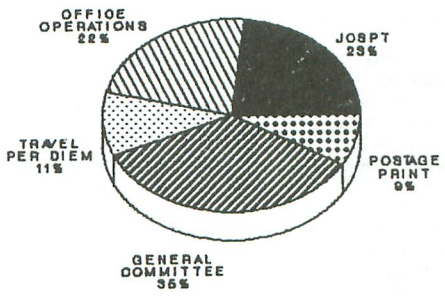


ACTUAL
TOTAL: $662,658.25

1992 YTD BUDGET TO ACTUAL SUMMARY
EXPENSES (–14.2%)



BUDGETED
TOTAL: $517,162.25



ACTUAL
TOTAL: $443,636.01

Industrial P.T. Sig

Attention Industrial S.I.G. Members

The S.I.G. is recruiting interested individuals to run for a position on the Nominating Committee. If you would like to nominate yourself or someone else for this position, please contact one of the following persons:

Barbara Merrill, P.T.	(408) 253-5971
Dennis Driscoll, P.T.	(602) 325-5551
Bob Richardson, P.T.	(412) 656-6088

WELCOME NEW MEMBERS

The Orthopaedic Section, APTA, Inc., would like to welcome all of our new students, affiliate and active members who have joined the Section within the last three months:

Adams, Alicia
Aguero, Lisa
Aguilar, Paul
Ambrose, Marybeth
Amlong, Kimberly
Anders PT, Mark
Antonio PT, Daniel
Apostolopoulos PT, Frida
Arbizu, RaFael
Armiger, Philip
Badger PT, Kari
Baker, Andrea
Baker, Michael
Barrett PT, Dorthe
Barron, Amy
Basic PT, Christine
Beck PT, David
Beck, PT, Debra
Bemis PT, Terry
Benenati PT, Tim
Bernardino PT, Jessica
Bernier, Marc
Berri PT, Jane
Binkley PT, Jill
Black PT, David
Bode, Craig
Bouchard PT, Susanne
Bradley, Thomas
Bradman PT, Sara
Bravo PTA, Adelaida
Bravo, Michael
Brewer PT, Theresa
Brewer PT, Wayne
Brewer, Brenda
Broderick, Kimberly
Broome PT, Jacquelyn
Brown PT, Edward
Brown, Stephanie
Bulanda, Sean
Bullard PTA, Tracey
Burchick PT, Terence
Bussell PT, Mark
Bybee PTA, Dawn
Cambron, Carrie
Carlson PT, John
Carney, Ginger
Carr PT, Robert
Cassidy, Kevin
Caturano PT, Robert
Cawley PT, Brian
Charney PTA, Joanne
Che, Wenyan
Chou, Ana
Clamosa PTA, Liza
Clark, Carol
Clary PT, Althea
Cleland PT, Todd
Cline PT, Julie
Coad, Amy
Coggin PT, C Barkley
Cohen PT, Nancy
Coldiron PTA, Robert
Cole, Ian
Conklin PT, Ann
Cook PT, Deneen
Cooper PT, Sondra
Cost, Jay
Cousineau, Jill
Coyner PT, Priscilla
Cozza PT, Barbara
Craig, Amy
Cramer, James
Crane PT, Donna
Crawford PT, William
Criss, Michelle
Crumpler PT, Beth
Cundiff, P Douglas
Cunningham PT, Janie
Cwynar PT, David
Dalecour-Michel, Christine
Dalmaso, Anthony
Dambrosio PT, Patricia
Daugs, Kari
Davis PT, Sherry
Davis, Gregory
Davis, Karen
Day, Allison
De La Torre, Ernest
De Vito PT, Michael
Deering PT, Kimberly
DelGuidice PT, Lisa
DelPapa, Thomas
Demirdjian, Karen
Denson, Anita
Desilets, R Jean
Diaz PT, Margarita
DiGiacomo, Robert
Dodson, Mark
Duncker, Janice
Dunn, Shannon
Duty PTA, Eileen
Edwards, John
Effken, Gail
Egan PT, Deirdre
Ellis, Robin
Ellison PT, Vongi
Elwell PT, Kathi
Evenson, Scott
Everett PT, Margaret
Fahrenbruch PT, Jeffrey
Faulds, Thomas
Feder, Eric
Feldman PT, Deborah
Feldman, Jeanne
Fellwock PT, Mark
Ferguson PT, Belle
Ferrebee PT, Gail
Fields PT, Jennifer
Figueroa, Mathew
Fiorino PT, Mark
Fischer PT, David
Fischer, Kenneth
Fisher, Michael
Fitzmorris, Bryant
Flintoff PTA, Ann
Flo, Pamela
Flock, Lois
Fogarty, Shannon
Fontenot PT, Jane
Gaskins PT, N Carol
George PTA, Wanda
Gerber PT, Sterling
Gercke, Julia
Gergen PT, John
Gigiello-Duke, Lynn
Goerke, Christine
Gordon, Peter
Gray PT, Susan
Griesemer, Erin
Grimaldi, Peter
Grimes PT, Malia
Gromm, Kayla
Gross, Lori
Guarda PT, Christine
Guthrie, Julie
Hahn PT, Barbara
Hair-Wargo PTA, Linda
Hall PT, Kristin
Hamati PT, Debra
Hampton PT, Cheri
Hanych, Jeannie
Hartman PTA, Scott
Hasenbein PT, Karen
Hathaway, Cathleen
Hatti PT, Vrinda
Haughey PT, Margaret
Hayden, Michael
Haynes PT, Lydia
Hegel, Lori
Heine, Fedele
Helton, Shannon
Henne PT, Michele
Hess PT, Daniel
Hightower, Lara
Hoffman PT, Leslie
Holden, John
Holden, Kenton
Hollis PT, Pamela
Konkamp PT, Amy
Hora, Gregory
Horgan, Lynn
Hughes PT, David
Huitt PT, Ronald
Hull PT, Terry
Humphrey, Jodie
Ingemi PT, Basil
Intrieri PTA, Thomas
Irwin, Cheryl
Isler PT, Robert
Jackson, Kurt
Jackson, Pamela
James PT, Troy
Jarvis PT, Brian
Jonathan PT, Joanne
Jones, Mary
Judge PT, Tyressa
Kaiser PT, Gail
Kane, Eileen
Kenney PT, Cheryl
Kiermas, Jeffrey
Kiernan, Robert
Kile PTA, Colleen
King PT, Richard
Kirk PT, Debby
Klaman PT, Monica
Kleist, Jennifer
Kofoed PT, Grete
Kotlar, Carrie
Krueger, Tammy
Kuno PT, Marcie
LaCroix PTA, Monique
Lamarre, Micheline
Lampe, Mary
Langlais, Rachel
Lappin PT, Virginia
Larson, Theresa
Larson, Tim
Larsson PT, Diane
Lawson PTA, Sharon
Leija, Raul
Lewis, William
Litzelfelner PT, Vicki
Livingston, Frances
Loev, Beth
Loger, Tracy
Lotti PT, Denise
Loud PT, Kenneth
Luckhurst PT, Donna
Lugo-Larcheveque PT, Nelly
Luming, Angela
Lynch PT, Glenna
Manion PT, Michele
Mansfield, Melanie
Mantooth PT, Mary
Marcelli, Nicole
Marchese, Joseph
Marotta PT, Deborah
Marryott, Kimberly
Marsh PT, Linda
Marsh PT, Martha
Marsh, Michelle
Marshall, Tina
Martin PTA, Virginia
Mary, Beth
Masfield, Joy
Masitti PT, Cherald
Maurer PT, David
May, Richard
Mayer PT, Michele
Mazure, Gina
McClure PT, Lisa
McDowell, Rhonda
McFerren, Kristin
McGregor PT, Marion
McKenna, Raymond
McLoughlin, Scott
Mead, Jenine
Medoff, Lynn
Merkx-Quinn PT, Maria
Merwarth PT, Diane
Miles PT, Mark
Miller PT, Joseph
Minahan, Laurie
Miner PTA, Lisa
Mitchell-Lemon, Heidi
Mitchum PT, Twila
Momohara, Bert
Morash, Sherri
Morgan PT, Beverly
Moriarty PT, Bridget
Mueller PT, Barbara
Muklevicz PTA, Darren
Mullen PT, John
Nelson PT, Deborah
Nelson PT, Gretchen
Niccoli, Dominique
Nichols, Paul
Niech PTA, Sheryl
Norris PT, Mary
Nunn PT, Tara
O'Connor PT, Catherine
Okorafor, Nkem
Olin PT, Shannon
Olson PT, Scott
Ovandipour PT, Karma
Paic, Daniel
Paquette, D Quentin
Paterson, Mark
Paul, Sherry
Perry PTA, Debra
Persin PTA, Patricia
Pester, Robyn
Phillippe PT, Angela
Pinkerton, David
Price Nadine
Prodoehl, Mark
Purcelley, George
Puskar PT, Rebecca
Quinn PT, Mary
Randall, Jennifer
Reed PT, Elizabeth
Reed, Lorie
Reese III PT, David
Reid PT, Shelby
Reimer PT, Brenda
Rendon PT, Hilary
Repasy PT, Michael
Rider PT, Thomas
Roberts PTA, Vickie
Rockenmeyer PT, Mary
Roughley-Young PT, Lynn
Rozell, Mark
Ruppel PTA, Martin
Ruppert, Kari
Sales PT, Lucille
Samuels, PT, Robert
Sarola, Nicholas
Schafer PT, Kathleen
Schauster PT, Lynn
Schlange PT, Kimberly
Schmidt, Patrick
Schulz PT, Susan
Schwimer, Lori
Semsroth PT, Gretchen
Shadrach PT, Grace
Shaw PT, Joanna
Sherrer PT, Allison
Shireman PTA, James
Sievers PT, Deborah
Smid PT, Jeffrey
Smith PT, Jennifer
Smith PT, Mary
Smith PTA, Kelly
Sparacia, Jack
Spiry, Michael
Spivey, Jake
Sproule PT, Sandra
Stacy, Mark
Stevenson PTA, Sharon
Stoecklin PT, Lisa
Stolarsky PT, Loren
Strawn, Sara
Stuart, Harold
Sturgill PT, James
Suarez, Olga
Synder PT, Jayne
Syvertson PT, Carl
Tannenbaum PT, Mitchel
Tatara, Alexander
Taylor PT, Mark
Thelen, Pamela
Thomas PT, Rachel
Thompson PT, George
Thompson, Lori
Timm, Brian
Todd, Betsy
Uhler PT, Michele
Vandeberghe PT, Toni
Viereck, Karen
Vislosky, David
Wadkins PTA, Debra
Ware PT, Cheri
Watson PT, Maureen
Weber PT, Marie
Weinstock PT, Lisa
Welch PT, Michael
Williams PT, John
Williams PT, Marcia
Williams, Patrick
Willmore PT, John
Wills, Mary
Wilson PT, Suzanne
Wims PT, Jean
Winscott PT, Carol
Wittchow PT, William
Wofford, Jonathan
Wood, Laura
Worden PT, Karen
Yasin PT, Annette
Young, Michael
Yoxthimer PT, Elizabeth
Yuenger PT, Jodi

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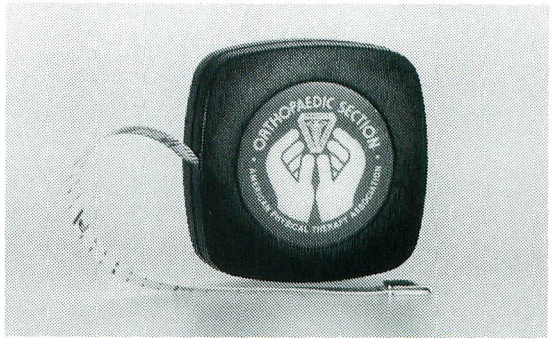

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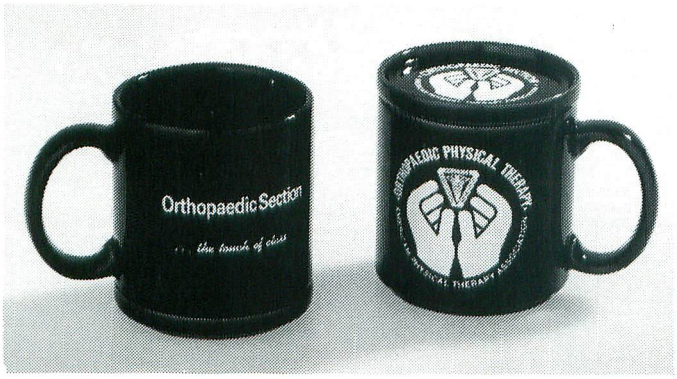

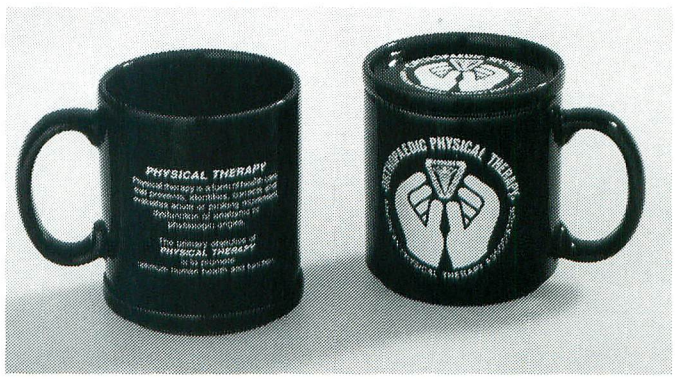

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1993 REVIEW FOR ADVANCED ORTHOPAEDIC COMPETENCIES

SEATTLE, WASHINGTON
Doubletree Suites Hotel
July 11-17, 1993

The purpose of the "Review for Advanced Orthopaedic Competencies" is to provide Orthopaedic Section members and non-members with a process for review. (It is not intended to satisfy examination criteria for the Orthopaedic Physical Therapy Specialty Competency examination, but to serve as a **review process only.)**